

# NC Medicaid Managed Care Provider Playbook

NC Medicaid

To ensure beneficiaries can seamlessly receive care on day one, the North Carolina Department of Health and Human Services (NCDHHS) is delaying the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plans (Tailored Plans). Tailored Plan launch was scheduled for Oct. 1, 2023, **but will now go forward at a date still to be determined.**

## NC Medicaid Managed Care: What Providers Need to Know About Pharmacy

### What is our Vision for the NC Medicaid Managed Care Pharmacy Program?

#### DO PHARMACY RULES AND REGULATIONS APPLY TO THE MANAGED CARE PLANS ?

Prescription drugs play a significant role in maintaining health and treating illnesses of beneficiaries, allowing them the opportunity to live healthier, with an improved quality of life. Through current pharmacy program management strategies, Standard Plans and Tailored Plans (health plans) shall implement a pharmacy benefit which ensures members and providers have access to medically necessary, cost- effective medications, and provides the best overall value to members, providers and the State of North Carolina.

All health plans will follow the same policy and NC Preferred Drug List (PDL) as NC Medicaid Direct does today. Additionally, they are required to follow the same criteria when prior authorization (PA) is required to obtain a medication. Health plans may not apply new or different PA from Medicaid Direct. The rules and regulations can be found in [Clinical Coverage Policy No. 9](#).

Members may fill their prescriptions at a pharmacy of their choice. Members are not required to fill their medications at a single pharmacy or retail chain unless they are enrolled in the lock-in program.

All plans must maintain a Lock-in program. The information regarding the lock-in prescriber and lock-in pharmacy are transferred from NC Medicaid to the plans when a member transitions to a new health plan. Members should call their plan regarding any questions or concerns about their lock-in program.

Over-the-counter (OTC) medications are largely uncovered by NC Medicaid; however, some OTCs may be covered when dispensed by a pharmacist pursuant to a lawful prescription. NC Medicaid covers smoking deterrent agents, proton pump inhibitors, some antihistamines, insulin and diabetic



supplies, emergency contraception and some cathartics and laxatives when prescribed by a doctor.

Medicaid providers who believe a health plan is not following the PDL or Clinical Coverage Policy No. 9 as implemented prior to managed care launch, please [contact the plan directly](#) to share your concerns.

If the issue remains unresolved, please contact the Provider Ombudsman with specific details including beneficiary information so the issue can be investigated. Inquiries may be submitted to [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov) or the NC Medicaid Managed Care Provider Ombudsman at **866-304-7062**.

## WHAT IS THE PDL?

The PDL includes medications, which the state has determined provide a financial advantage for the state compared to equally effective medications and/or provide better clinical efficacy compared to similar medications.

Medications on the PDL are divided into preferred and non-preferred medications. Coverage for non-preferred medications generally requires trial and failure of two preferred medications or a medical reason the preferred options cannot be used before the non-preferred medication will be covered.

While generics are normally encouraged, some categories on the PDL prefer the brand name product over the generic. Examples can be found throughout the [PDL](#) and in the [NC Medicaid pharmacy monthly newsletter](#). If a provider wishes to prescribe a non-preferred drug for a beneficiary, a prior authorization may be requested.

The PDL is not a comprehensive list of all medications covered by Medicaid. The PDL itself does not define the Medicaid drug formulary. Most prescription medications not listed on the PDL, which are eligible for federal rebates are also covered by Medicaid. The PDL is updated periodically and can be found at <https://medicaid.ncdhhs.gov/preferred-drug-list>.

## WHAT IS THE LOCK-IN PROGRAM?

The pharmacy lock-in program restricts beneficiaries to a single prescriber and pharmacy for controlled substances categorized as opiates or benzodiazepines when one or more of the following criteria are met:

Beneficiary has six or more claims for benzodiazepines and/or opiates within two consecutive months,

1. Beneficiary has prescriptions for opiates and/or benzodiazepines from three or more prescribers in two consecutive months.

Beneficiaries are currently exempt from pharmacy lock-in programs if they have a diagnosis of sickle cell disease or a diagnosis indicating a potentially terminal cancer in their claims history within the last 12 months. Beneficiaries are also exempt from lock-in if they are under the age of 18, reside in a skilled nursing facility, or are currently enrolled in hospice.

Health plans cannot require beneficiaries to be enrolled in a lock-in program for more than two years without reassessing for continued eligibility in the program. Member lock-in criteria is required to comply with the department lock-in program criteria as defined in NC Gen. Stat. § 108A-68.2.15, NC



Administrative Code 10A NCAC 22F.0704 and 10A NCAC 22F.0104, 42 CFR 431.54 and the NC Medicaid State Plan.

## HOW ARE LOCK-IN PRESCRIPTION CLAIMS PAID?

The beneficiary must obtain all program related prescriptions for medications from their lock-in prescriber and lock-in pharmacy for the claim to pay. A pharmacy may dispense up to a four-day supply of a prescription to a beneficiary locked into a different pharmacy and prescriber in response to an emergent situation. The beneficiary is responsible for the appropriate copayment. One emergency occurrence is reimbursed per beneficiary during each year of the two-year lock-in period. Paid quantities for more than a four-day supply are subject to recoupment.

## HOW DO I ASSIST A BENEFICIARY WITH FINDING A SPECIALITY PHARMACY ?

The Department has worked with the Enrollment Broker to create an online provider directory, the [Medicaid and NC Health Choice Provider and Health Plan Lookup Tool](#), where users can search for organizations and individual providers in network with the health plans. The public facing directory displays all provider types, including specialists and pharmacies.

## WHO DO I CALL FOR PRESCRIPTION COVERAGE ISSUES ?

For prescription coverage issues, providers may contact the respective health plan pharmacy service line.

Standard Plans	Pharmacy Contact Information
Amerihealth Caritas	866-885-1406
Carolina Complete Health	833-992-2785
Healthy Blue	844-594-5084
United Healthcare	855-258-1593
Wellcare	866-799-5318

Tailored Plans	Pharmacy Contact Information
Alliance Health	855-759-9300
Eastpointe	866-240-9487
Partners Health Management	866-453-7196
Sandhills Center	800-347-1513
Trillium Health Management	866-245-4954
Vaya Health	800-540-6083

